

YouthCity 2019-2020 Fee Waiver Form

(only complete this form if you are requesting a waiver for YouthCity program fees)

Participant Name: _____ Birth date ____ / ____ / ____ Age ____ Grade ____

Parent Name: _____ Child's School _____

Address: _____ City: _____ Zip: _____

Email: _____ Phone: _____

- A. ____ I am providing the attached free lunch verification form provided by Salt Lake City School District (stop here, this is all that is needed).
 B. ____ I do not have a free lunch verification form and therefore I am requesting an alternative option to determine if my family qualifies for a fee waiver.

Eligibility for a YouthCity fee waiver is based on family income level. Your U.S. citizenship, immigration status, or not having a SSN does not affect your eligibility for receiving a waiver. Qualifying for free or reduce price school meal benefit is based on any one of these 3 things.

Please select which verification is most applicable for your family:

____ Your child's individual status as foster, homeless, migrant, or runaway

____ Participation in an assistance program by any member of your household

- Supplemental Nutrition Assistance Program (SNAP)
- Food Distribution Program on Indian Reservations (FDPIR)
- Temporary Assistant for Needy families (TANF)

____ Your total household income and size. Children may receive free or reduced-price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines chart below. Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart. Use the chart below to indicate your family income. Circle your income level on the chart below.

Household Size	Federal Poverty Guidelines	Free Meals				
	ANNUAL	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	12,490,	16,237	1,354	677	625	313
2	16,910	21,983	1,832	916	846	423
3	21,330	27,729	2,311	1,156	1,067	534
4	25,750	33,475	2,790	1,395	1,288	644
5	30,170	39,221	3,269	1,635	1,509	755
6	34,590	44,967	3,748	1,874	1,730	865
7	39,010	50,713	4,227	2,114	1,951	976
8	43,430	56,459	4,705	2,353	2,172	1,086
For each additional family member, add	4,420	5,746	479	240	221	111

I certify that all information on this application is true and that all income is reported. I understand that city officials may verify the information. I understand that if I purposely give false information, I may be prosecuted.

Parent Name _____ Signature _____ Date ____ / ____ / ____

FOR OFFICE USE ONLY Verified _____